

**REQUEST FOR REASONABLE ACCOMMODATION TO PERFORM ESSENTIAL JOB FUNCTIONS**

(To be completed by the employee who is requesting an accommodation. Contact your supervisor or Human Resources if you have questions or need assistance)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Department or Division

\_\_\_\_\_  
Date of Request

I hereby request a reasonable accommodation that will enable me to perform the duties of the job title listed above.

\_\_\_\_\_  
Signature

Describe below how your disability limits you in performing certain essential functions of your job.

\_\_\_\_\_  
\_\_\_\_\_  
Describe what accommodation you are requesting that will enable you to perform the essential functions of your job. If you are aware of a particular piece of equipment, device or a change in your work environment that will allow you to perform the essential functions of your job, please describe as specifically as possible below.

**THIS SECTION TO BE COMPLETED BY DEPARTMENT**

(Contact Human Resources if you have questions or need assistance)

I have investigated the employee's request for a reasonable accommodation and estimate the approximate cost to be:  
\$ \_\_\_\_\_

If you have discovered that there are other reasonable accommodations that can be made that are preferable to the one suggested by the employee, describe below.

\_\_\_\_\_  
\$ \_\_\_\_\_  
Approximate cost

I have discussed the request with the employee and we have agreed that the following reasonable accommodation will be made:

\_\_\_\_\_  
\_\_\_\_\_  
I have discussed the request with the employee and no reasonable accommodation can be made which will not pose an undue hardship to Washoe County for the following reasons(s):

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Job Title

\_\_\_\_\_  
Date